

Insert School Name or Logo Here



[DATE]

[ADDRESS, CITY, STATE, ZIP]

[PHONE NUMBER]

Dear Parent/Guardian:

This is to let you know that your child might have been exposed to hepatitis A at [SCHOOL/ DAYCARE]. It is a virus that causes an infection of the liver. Symptoms may include: fever, fatigue, stomach tenderness, nausea, vomiting, lack of appetite, yellowing of the skin, or dark colored urine.

The situation has been reviewed and the Bay County Health Department would like your child to get the [IG OR THE VACCINE]. Since preventive treatment must be given as soon as possible to be effective, we recommend that your child receive it no later than [DATE]. To get the treatment, please call your doctor or the Bay County Health Department at 989-895-4003. Please watch for symptoms in your child and family.

Your child may attend (SCHOOL OR DAYCARE) unless he or she is ill.

If you have any questions please read the fact sheet attached or call the Bay County Health Department at 989-895-4003.

Sincerely,

[NAME, TITLE]